STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155730	A. BUILDING _____ B. WING _____	C 04/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY CROSSING	**1200 WHITLATCH WAY MILAN, IN 47031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00125904 and IN00126810. This visit was in conjunction with a Post Survey Revisit (P.S.R.) to the Investigation of Complaints IN00123298, IN00124850, IN00124918 and IN00124998 completed 03/08/2013. Complaint IN00125904 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00126810 - Unsubstantiated due to lack of evidence. Survey dates: April 15, 16, 17, 2013 Facility number: 000420 Provider number: 155730 AIM number: 100266230 Survey team: Chuck Stevenson RN Census bed type: SNF/NF: 93 Residential: 10 Total: 103 Census payor type: Medicare: 14 Medicaid: 65 Other: 24 Total: 103 Sample: 4 Ripley Crossing was found to be in compliance	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155730	A. BUILDING _____ B. WING _____	C 04/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY CROSSING	**1200 WHITLATCH WAY MILAN, IN 47031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00125904 and IN00126810. Quality review 4/18/13 by Suzanne Williams, RN	F 000		